Health Department, City of Baltimore.
Permit No. 99197 Office of Registers of Villa Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the present for of this Certificate, accurately fillness, to the Undertaker or other person superintending the burial, within the carry four hours after the death of said deceased, or somer, it requested so to do, under penalty of law.  No Permit for Burial can be Organized Without A Proper Certificate.
CERTIFICATE DEATH.
Date of Death, Milly
Full Name of Deceased, Write legibly and spell Mary & - Write legibly and spell write legibly and s
Sex, Male or Female, (Cross out the word not)
Age, Years, Months, Days.
Color, Col, to
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life Centre.
Place of Death, {Give Street and } 12 7 Marie 17.
Cause of Death, { First (Primary), Second (Immediate), Las hall Pomen morrison
Duration of Last Sickness,  All the above information should furnished by the Physician.
Place of Burial, Mt. Solfshonsus Cen
Date of Burial, Mosey 10 287 6 Stale
(Undertaker, 5. 19 hand) Medical Attendant.
Place of Business, Bank Wolfe Address, 2826 Electer.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.  [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Bealth Department, City of Baltimore.	
Permit No. 99693 Office of Registrate of Plants Statistics. Ward 1	
The Physician who attended any person in a last dines, is responsible for the precision of this Certificate, accurately filled of to the Undertaker or other person superintending the ourial, with a wend four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE SETAINED WITHOUT A PROPER CERTIFICATE.	t, if
CERTIFICATE OF DEATH.	
Date of Death, OTA. Whay 1999.	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}	
Sex, Male or Female, {Cross out the word not }	-
Age, Months, 13 Days	
Color, white	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, Ollving lifetime	
Place of Death, {Give Street and } Hazes Free 188.	The Part of the Pa
Cause of Death, { First (Primary), Second (Immediate), Convulsiones	
Duration of Last Sickness,  All the above information should be fuged by the Physician.	
Place of Burial, St. Alphongus Com.	
Date of Burial, Mosy 10 84) Williams He	
(Undertaker, I I hand Medical Attendant.	
Place of Business, 3 on 18 Walfestaress, J. Wolferth 316.	
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.	
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.	3 8

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

	epartment,	THE RESERVE OF THE PARTY OF THE		
Permit No. 99 69-1011	ice of Registrar	ODWWY J		19-
The Physician who attended any per to the Undertaker or other person superin	rson in a last illne ar respontending the burial, within	onsible for the pres twenty-four hours at	entacion of this Certificate, ter the death of said dece	accurately filled out, eased, or sooner, if
	BURIAL CAN BE OBTAINE			A.
		This Continues in a Partition was to the	EATH.	65
CERT	IFICATE	OF L	JEAIM.	
Date of Death,	may 8	, 18	8/	0
Full Name of Deceased, \begin{cases} \text{Write correct not na of pare.} \end{cases}		rane	is ays	er
Sex, Male or Female, { cross out if required in	this line.			1
Age, 66	Years,	Mon	ths,	Days.
Color,		.77	11	
Married, Single, Widow or W	idower, {Cross out the word required in this lin	s not }	, V	
Occupation,	man		cutter	
Birth Place, State or country, and how long in the United States, if of foreign birth.	}	Ball	errore	
Duration of Residence in the	e City of Baltimore,	sin	ce birth	
Place of Death, {Give Street and }	15 W.	Came	den st	
( Fint (Brime)		thisis	Lulmon	rlis
Cause of Death, Second (Imme				
Duration of Last Sickness,	4300	one.	year	
All the above information should be furnis	red by the Physician.			
Place of Burial, Ball	10th 184	1811	-4- 1	1
Date of Burial, Thay	10 7/2/	1611	Webster	/ M. D.
( Undertaker, 6 7.47)	anserjon		Medical Att	endant.
Place of Business, 2032		ddress, / C	16 13 a	21106
Extract from Regulations of the Bo	oard of Health to secure City of Balti	a full and corre	ect record of the Vital	Statistics in the
Section 2. And be it further enacted the Physician who attended during his twenty-four hours after the death, to the the same can be ascertained, the full name and date of death.	ed and ordained, That when or her last sickness, or the	never any person sh Coroner, when the	the Burial, a certificate set	ting forth as far as

The special attention of Physicians is Kespectiony invited to the Kemarks Delow, and to list of Diseases on back of this Certificate.

(Place of

Business,4

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Lis	st of Diseases on back of this Certificate.
Bealth Department, City of	Baltimore.
Permit No. 99695 Office of Registrar of Vital State	
The Physician who attended any person in a last illness is reported for the to the Undertaker or other person superintending the busing their twenty-four requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Pope	the death of said deceased, or sooner, if CERTIFICATE.
CERTIFICATE OF DE	EATH.
Date of Death,	88/
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names }	Crandall
Sex, Male or Female, (Cross out the word not)	
Age, Years, Months,	, Days.
Color, ed	
Married, Single, Widow or Widower, {Cross out the words of required in this time.}	
Occupation,	
Birth Place, {State or country, and how long in the United States, }	
Duration of Residence in the City of Baltimore,	fran
Place of Death, {Give Street and }	villour
Cause of Death, { First (Primary), Second (Immediate), Ephan	Ishon
Duration of Last Sickness, Sne Sne Me Me	
Place of Burial, Shourfist Counterf	-
Date of Burial, May 9 1887 )	The same of the sa
(Undertaker, Hereules Moss	Medical Attendant.
3	1 40

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth, Department, City of Baltimore.
Permit No. 99696 Office of Registrar of Yula Statistics. Ward 14
The Physician who attended any person in a last illness, is responsible to the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twe to four hours after the death of said deceased, or sooner, it requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Many Sto 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}  Ser Male or Female (Cross out the word not)
Cou, Drace of Terrecoe, (required in this line.)
Age, 74 Years, 28 Days.
Color, Whethe
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, / in
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 60
Place of Death, {Give Street and} 38 % Low Letton SV
Cause of Death, Second (Immediate), new on Ex haustion
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, May the 18 th

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

M. D.

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificat
Bealth Department Sity of Baltimore.
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, equested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, They
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Moyths, Day
Color, Thus
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, Give Street and Color Mumber.
Cause of Death, Second (Immediate),
Ouration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, New Clatherel Converty
Date of Burial, May 12
Undertaker, IB lith
Place of Business, 003 Bakemone, Address, To Homber
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate
Bealth Department, City of Baltimore.
Permit No. 99698 Office of Registrar of Wind Statistics. Ward 17"
The Physician who attended any person in a last illness, a responsible for the presentation of this Certificate, accountely filled out to the Undertaker or other person superintending the burial whom twenty-jour hours after the stath of said deceased, or sooner, i requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 7/87.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Made of Female, (required in this line.)
Age, Years, Months, Days.
Married, Single, Widow or Widower, {Cross out the words not }
Birth Place, State or country, and how long in the United States, of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 109 West 82,
Cause of Death, { First (Primary), Second (Immediate), Consumption
Duration of Last Sickness, 6 Months.
Place of Burial, Stepp at Com
Date of Burial, May 9th 87 ) 9 9 9/2
(Undertaker, Sorrelf Handy) / Medical Attendant. M. D.
Place of Business, 416 Cross of Address Conthern Dishersen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certifica	te.
Bealth Department, City of Baltimore.	
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twent it hours after the death of said deceased, or sooner	out,
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Cereficate.	
CERTIFICATE OF DEATH.	
Date of Death, May Sth 1887	
Full Name of Deceased, {Write legibly and specific correctly. If an Infant not named, give names of parents. (Cross out the word not)	
Sex, Male or remale, required in this line.	
Age, 26 Years, 2 Months, Da. Color, Color,	ys. 
Married, Single, Widow or Widower, {Cross out the words not }	
	-
Birth Place, State or country, and how long in the United States, of of foreign birth.	
Birth Place, long in the United States, Duration of Residence in the City of Baltimore, Science Gerral Place of Death, Give Street and Number.	-
(First (Primary) Miscarring TY) Ceould	-
Cause of Death, Second (Immediate), Second (Immediate),	
Duration of Last Sickness, All the above information should be furnished by the Physician.	
Place of Burial, Baltimore Cometery	
Date of Burial, Mary 10 to 1887 . 20 Rough	D
Undertaker, Freed Gaede Medical Attendant.	J.
Place of Business, 1080, Governoline Larts, Of Chel & 1981	2

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
The Physician who attended any person in a last illness, is not hibberto the pure and of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, and the wenty-four hours after the eath of said deceased, or sooner, if requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OF AINTH AND OPER CERTIFICATE.
CERTIFICATE GENDEATH.
Date of Death, /// 8
Full Name of Deceased, Write egibly and spell Correctly. If an Infant not named, give names of parents.
Sex, Male or Female ross out the word not for the word not for the word in this line.
Age, J Zears, Days.
Color, / The Color
Married, Single, Widow or Widower Cross out the words not required in this line.
Occupation, a vocal
Birth Place, State or county, and how long in the United States, if of foreign birth
Duration of Residence in the City of Baltimore, 120 1600
Place of Death, (Give Street and)
Cause of Death, Second (Immediate), MINING Reference
Duration of Last Sickness A My All the above information should be furnished by the Physician
Place of Burial
Date of Burial, May 10 11 11 Delets M. D.
(Undertaker, M. Clushe J. J. Medical Attendant.
Place of Business, 92 9. Or Kadress, 1118 Diratty ay
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificat
Bealth Department, City of Baltimore.
Permit No. 9970 Office of Registras of Vital Statistics. Ward  The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately fills to the Undertaker or other person superintending the burial, within two tip four hours after the death of said deceased.
No PERMIT FOR BURIAL CAN WEAD STACKED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, May 4th 81
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } Male
Age, Months. Day
Color, (Col)
Married, Single, Widow or Widower, {Cross out the words not}
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, life fine
Place of Death, (Give Street and ) Joelley- Row. Coff Broadway
) First (Primary), Po
Cause of Death, \ Mathesis fulmorates
Second (Immediate),
Duration of Last Sickness, Jek Lines Outh 5 mos.
All the above information should be furnished by the Physician.  Place of Burial, Level Level
Date of Burial, May 9 1887 John M. L
(Undertaker. Why W maddlesh Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 46 East

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.